

PART B - FEE(S) TRANSMITTAL

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7590 03/28/2003

William R. McClellen
 Wolf, Greenfield & Sacks, P.C.
 600 Atlantic Avenue
 Boston, MA 02210



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I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Box Issue Fee address above, or being facsimile transmitted to the USPTO, on the date indicated below.

Daniel P. McLoughlin	(Depositor's name)
<i>Daniel P. McLoughlin</i>	(Signature)
6/30/03	(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/917,232	07/26/2001	Steffen Leonhardt	H0659/7008WRM	9197

TITLE OF INVENTION: NON-INVASIVE METHOD FOR OPTIMIZING THE RESPIRATION OF ATELECTATIC LUNGS

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	YES	\$650	\$300	\$950	06/30/2003

EXAMINER	ART UNIT	CLASS-SUBCLASS
NASSER, ROBERT L	3736	600-532000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

- ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.
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2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

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(A) NAME OF ASSIGNEE

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Please check the appropriate assignee category or categories (will not be printed on the patent) ☐ individual ☐ corporation or other private group entity ☐ government

4a. The following fee(s) are enclosed:

- ☒ Issue Fee
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- ☒ Advance Order - # of Copies 10

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(Authorized Signature) *Daniel P. McLoughlin* (Date) 6/30/03

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